

# PART B - FEE(S) TRANSMITTAL

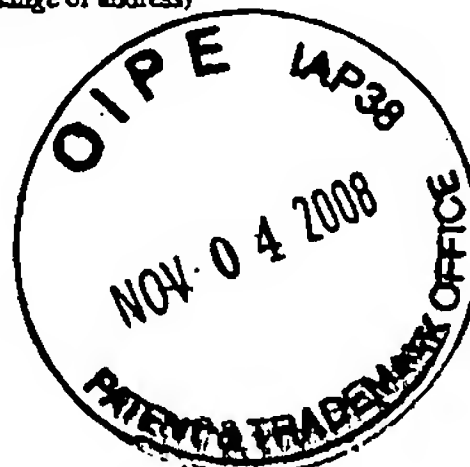
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67158 7590 08/04/2008

SHIMOKAJI & ASSOCIATES, P.C.  
 8911 RESEARCH DRIVE  
 IRVINE, CA 92618



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| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/635,952 08/07/2003 Norishige Morimoto JP920020098US1 1220

TITLE OF INVENTION: CONTENTS SERVER, CONTENTS RECEIVING APPARATUS, NETWORK SYSTEM AND METHOD FOR ADDING INFORMATION TO DIGITAL CONTENTS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
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nonprovisional NO \$1440 \$300 \$0 \$1740 11/04/2008

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
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PEARSON, DAVID J 2137 726-032000

11/04/2008 SZENDIE2 00000040 090441 10635952

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. SHIMOKAJI & Associates, P.C.

2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation

Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 940111 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date September 3, 2008

Typed or printed name Michael A. Shimokaji

Registration No. 32303

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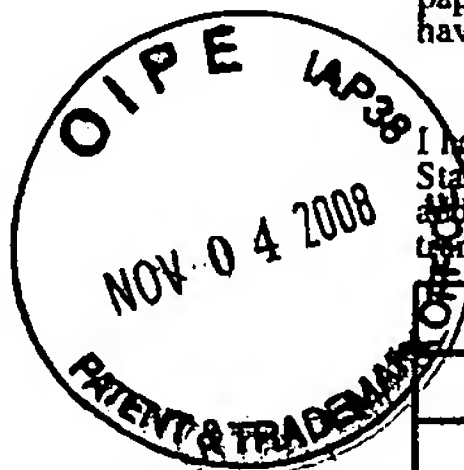
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| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 11/04/2008 |
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